



Equity for Communities of Color

BACKGROUND

African Americans, Latinos, Native Americans and Asian & Pacific Islander Americans receive health care that falls short of services provided to more advantaged groups. These disparities have persisted for decades, compromising the ability of people of color to acquire health insurance, obtain quality medical care and overcome their health challenges. For example, in 2006-2007 about 11 percent of non-Hispanic Whites were uninsured, compared to 16 percent of Asians, 20 percent of Native Hawaiian and other Pacific Islanders, 20 percent of African Americans, 33 percent of American Indians and Alaskan Natives, and 33 percent of Latinos.

Health insurance alone won't eliminate disparities. Even when all other factors are the same—insurance coverage, socio-economic status, income, health status—people and communities of color often receive inferior treatment. For example, minorities are less likely to get a same-day or next-day appointment to see a doctor than non-Hispanic Whites and people of color are less likely than non-Hispanic whites to be given tests that can help determine their risk for heart attack or stroke, such as angiography and cardiac catheterization.

HCAN supports equity in health care access, treatment, research and resources to people and communities of color, resulting in the elimination of racial disparities in health outcomes and real improvement in health and life expectancy for all.

OUR PRINCIPLES

HCAN is asking every Member of Congress to support the H.R. 3962, the Affordable Health Care for America Act, which:

1. Strengthens and expands programs that promote diversity in the health workforce.
2. Requires the Secretary of Health and Human Services to identify key health and health care disparities as part of a National Prevention and Wellness Strategy initiative.
3. Directs the Task Force on Clinical Preventive Services and the Task Force on Community Preventive Services to take relevant health and health care disparities into account as they develop and disseminate evidence-based recommendations on the use of preventive services.
4. Targets at least half of the funding in a new community-level preventive health grants program to proposals with the primary purpose of addressing health or health care disparities. Eligible grantees include “health empowerment zones,” areas in which a community partnership provides multiple preventive health services.
5. Establishes a new Assistant Secretary for Health Information who will coordinate and develop standards for the collection of key health information, including information that can be used to measure, study, and reduce health and health care disparities.
6. Supports centers of excellence and health career opportunity programs to help recruit and retain underrepresented minority populations through the health workforce pipeline.

7. Enhances scholarship programs to help students from disadvantaged backgrounds enter the health workforce.
8. Improves access to care for limited English proficient beneficiaries by providing enhanced funding through Medicaid and initiating a demonstration program in Medicare to reimburse providers for the provision of language services. Authorizes the Secretary to give preference to Community Based Medical Home